U. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Managemer and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Office Poles Only REC'D'S
E	DRUA

1. File Number U 3707

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/2004 Through: 12/312004

Name Christopher M. Schriver  Name Theet Metal Workers Local Labor Organization File Number  P.O. Box, Bidg. Room No., if any  Street 117 Rose Or.  City Clenshaw,  State Pa. ZiP Code +4 ISIII/b State Pa. ZiP Code +4 IS State Pa. ZiP Code +4 IS State Pa. ZiP Code +4 ISIII/b State Pa. ZiP Code +4 IS The s	3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
P.O. Box, Bidg. Room No., if any  Street 1/7 ROSE Dot.  City Columbra  State Pa. ZIP Code +4   SI I/B   State Pa. ZIP Code -4   S238  5. Position in labor organization  Labort Trustee - Health + Wild Fare Fund  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent:  6. Name and address of Employer (including trade name, if any).  7. a. Nature of Interest. Transaction, or income.  7. a. Nature of Interest. Transaction, or income.  7. b. Amount.  7. b. Amount.  15. Signature  15. Signature and verification. The undersigned declares, under penalty of Perjory and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, any complete (See the section on penalties in the instructions.)  Signed War A. M. S. W	Name Christopher M. Sehriver				
Street 1.77 ROSE OF.  City Collegatory , City Post.  State Pa ZIP Code +4 IS116 State Pa ZIP Code +4 IS238  5. Position in labor organization. Labort Trustee - Hearth + Wolfare Fund  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent  6. Name and address of Employer (including trade name, if any).  7. a. Nature of interest, Transaction, or income.  7. b. Amount.  Street  City  State ZIP Code +4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned showledge and belief, true, correct, and complete (See the section on penalties in the instructions.)  On 166/05 412-487-038th		Labor Organization File Number LM- 043 - 400			
City Colemshaw, State Pa. ZIP Code +4 IST16 State Pa. ZIP Code +4 ISS38  5. Position in tabor organization.  Labort Trustee - Hearth + Wolfage Fund  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box Bldg., Room No. if any  7. b. Amount.  Street  City  State ZIP Code + 4   Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned Amatham Summits on the penalties of the instructions.)  Signed Amatham Summits on the penalties of the law that all of the information applicable and belief, true, correct, and complete (See the section on penalties in the instructions.)	P.O. Box, Bldg., Room No., if any				
State Pa. ZIP Code +4 ISI W State Pa. ZIP Code +4 ISQ 8  5. Position in labor organization. Labort Trustel - Health + Wolfare Fund.  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  7. a. Nature of interest. Transaction, or Income.  7. a. Nature of interest. Transaction, or Income.  Street  City  State  ZIP Code +4   15. Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned showledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed A.	Street 117 Rose Do.	street 1200 Gulf Lab Rd.			
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(except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box. Bidg., Room No. if any  Street  City  State  ZIP Code + 4   Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed  On 160/05 472 - 487 - 038b	5. Position in labor organization. Labor Trustee	- Health + Welfare Fund			
Mame Trade Name. if any:  P.O. Box. Bidg., Room No if any  Street  City  State  ZIP Code + 4   Signature  15. Signature and verification. The undersigned declares, under penalty of Penjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is. to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed Wash A Sulman On 160 160 160 160 160 160 160 160 160 160					
Name  Trade Name, if any:  P.O. Box, Bldg., Room No. if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Penjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed War A M Sum.  On 16 405 412 - 487 - 0386	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
P.O. Box. Bidg., Room No. if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed   M. Sulman  On 16/05 412-487-0386	6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
P.O. Box. Bldg., Room No if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed   On 1/6/05 4/2-487-038b	Name				
State  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed	Trade Name, if any:				
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Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed		7.b. Amount.			
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Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed	City	•			
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submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)  Signed On 16/05 412-487-0386	Signature				
Signed Church M Schri on 1/6/05 412-487-0386 Telephone Number	submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the				
Date Telephone Number	signed Church M Schni	on 7/6/05 412-487-0386			
		Date Telephone Number			

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or, (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name				
	a. Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bidg., Room No., if any	c. Employer			
Street	· · · · · · · · · · · · · · · · · · ·			
City				
State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City	11.b. Approximate dollar value of such dealing.			
State ZIP Code + 4	12.a. Nature of interest held or income received.			
Zii Odde i 4				
	12.b. Amount			
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.			
(including trade name, if any).	golt			
Name Yanni Partners	lundy			
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any	dinner			
street 310 Growt St.	golf bag			
City Pah.	<i>y</i> .			
State Pa ZIP Code + 4 18222				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is action (2) any part of which consists of buying from or selling or leasing directly or included in the control of	directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name - Action 19	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street City	
State ZiP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street	
City	11.b. Approximate dollar value of such dealing.
State ZIP Code + 4	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.  JULY 16
Trade Name, if any: PNC FINMUAL	lunch
P.O. Box, Bldg., Room No., if any Street ON PIOC Plana	dinner
State Pan. ZIP Code + 4 1522-7	7
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is action (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	ively seeking to represent, or, directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
	12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name EBOS WC	gotf
Trade Name, if any:	lunch
P.O. Box, Bldg., Room No.: if any	
street NOO ONE Gateway Center	
city Pah.	
State Pa. ZIP Code + 4 15227	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.